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TO: REGIONAL BOARD OF HEALTH
REGIONAL HEALTH COUNCIL

FROM: THE STAFF

MOOSE JAW - ASSINIBOIA - GRAVELBOURG
HEALTH REGION NO. 2

APRIL 28, 1988

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REPORT OF THE MEDICAL HEALTH OFFICER AND REGIONAL DIRECTOR
APRIL 1, 1987 to MARCH 31, 1988

To Board and Health Council of Moose Jaw-Assiniboia-Gravelbourg Health Region No. 2: I have the pleasure to report herewith a summary of the activity of Health Region staff during the fiscal year 1987 to 1988. It has been a year of consolidation of staff and programme following province-wide revision of staffing levels. This in turn was the result of the early retirement programme and the closing of vacant positions.

General meetings of the Regional Health Council were held in April for annual business and educational sessions, and in November for an informational seminar. The Regional Board met a total of five times including meetings held in relation to the general meetings, and a special meeting called March 31, 1988, to consider the implications of province proposals to revise health region boundaries.

Your staff have attempted to keep you informed of activities through regular written reports, as well as personal contact. The following reports are a digest of the activities and issues in Public Health for the year just ended. Unless otherwise specified, statistical data refer to the fiscal year.

STAFF

As of March 31, 1988, staff in the region consisted of:

MOOSE JAW -

MEDICAL HEALTH OFFICER/REGIONAL DIRECTOR

Dr. J. N. Burkholder (Shared - Swift Current)

PUBLIC HEALTH NURSES

Mrs. Gisele Ferguson
Mrs. Kathy Filipowich (Part-Time)
Mrs. Vicki Gauvin
Mrs. Janice Green (Part-Time)
Mrs. Jean Haukaas
Mrs. Marilyn Johnson
Mrs. Lynn Macdiarmid
Mrs. Vivian Meikle
Mrs. Isabel Moore

ACTING REGIONAL NURSING
SUPERVISOR

Mrs. Donna Robinson

PUBLIC HEALTH INSPECTION

Vacancy

CHIROPODY

CHIROPODIST

Dr. Audrey Ivanauskas

EARLY CHILDHOOD PSYCHOLOGIST

Dr. Ray Hertzog (Shared - Swift Current)

SPEECH AND LANGUAGE PATHOLOGISTS

Mrs. Lori Durand
Mrs. Bonnie Robertson (Part-Time)

DENTAL HEALTH EDUCATOR

Mrs. Sheree Nicolay

NUTRTIONIST

Ms. Jan Ayer (Shared - Swift Current)

SECRETARIAL

Mrs. Dawn Aaro
Mrs. Gerry Bowler (Part-Time)
Mrs. Cheryl Cunningham
Mrs. Ivy Kjarsgaard
Ms. Carol Whorms (Part-Time)

ASSINIBOIA DISTRICT OFFICE

PUBLIC HEALTH NURSES

Mrs. Roberta Booth-Blackwell
(Part-Time)
Ms. Coleen Ochitwa
Mrs. Dianne Rhodes (Part-Time)

SENIOR PUBLIC HEALTH INSPECTOR

Mr. John Bower (Shared - Swift
Current)

PUBLIC HEALTH INSPECTOR II

Mr. Hugh Coupland

CERTIFIED NURSING ASSISTANT

Mrs. Lin Rutledge

SENIOR CLERK STENO IV

Ms. Pat Watling

COMMUNITY THERAPIST

Mrs. Gayleen Thomson

PUBLIC HEALTH INSPECTOR

Ms. Patricia Tymiak

SECRETARIAL

Mrs. Dianne Kessler (Part-Time)
Mrs. Cathy Young (Casual)

CENTRAL BUTTE DISTRICT OFFICE

PUBLIC HEALTH NURSE

Ms. Janice O'Hara

GRAVELBOURG DISTRICT OFFICE

PUBLIC HEALTH NURSES

Mrs. Gwen Frank
Mrs. Lesley Gavelin

MORSE DISTRICT OFFICE

PUBLIC HEALTH NURSE

Mrs. Esther Sigurdson

S.H.A.P. - MOOSE JAW -

AUDIOLOGIST

Ms. Tracy Strange

AUDIOMETRIC TECHNICIAN

Mrs. Lunette Swystun

The provincial trend to reduce total staff has been reflected in some reductions in this region. However, the final approved staffing levels are now becoming clarified and recruitment into remaining vacancies has been proceeding. Public Health Inspection service has been particularly affected by vacancies and lack of sufficient suitable applicants to fill the positions.

In contrast to tendencies to reduction on the one hand, there have been two new services inaugurated in the region during the year.

Thus, the above staff list now includes a Dental Health Educator and a Community Therapist.

Sharing of staff with Health Region No. 1 now includes the Medical Health Officer/Regional Director, Senior Public Health Inspector, Early Childhood Psychologist and Nutritionist. The functional arrangement of the Regional Nursing Supervisor is not finalized. In addition to the above sharing arrangements, redistribution of Speech and Language Pathology positions has led to a lesser degree of sharing of service across the boundaries of neighboring regions of Swift Current, Regina Rural and Weyburn.

ADMINISTRATIVE

The approved budget for the year was \$1,070,430. The 11-month financial statement (the last available at this writing) showed 84.52 percent committed, which prorated could result in under-expenditure of some 10 percent which is accounted for in large measure by the adjustments of staffing levels and vacancies.

At January 1, 1988, the Medical Health Officer was assigned administrative directorship in the Swift Current Region in addition to the medical function formerly fulfilled, as well, of course, the overall responsibility for Health Region No. 2. A new position of Director of Support Services has now been defined and approved to provide administrative support to both regions. This position is currently in process of being filled and the person to be appointed will provide administrative support in matters of physical facilities, budget and transportation, along with oversight of clerical staff and several programme areas to be assigned.

Physical facilities in the Moose Jaw Region Office remain static as a result of change-over of function in the last year or two from provincial department to Saskatchewan Property Management and Corporation. Rental and space modification procedures are not yet clarified. District office facilities are generally adequate at this time with the exception of Gravelbourg where some improvements are sought to accommodate changing patterns of service, as well as to offer clients and staff a more modern facility.

NEW PROGRAMMES

When position reductions throughout the province occurred, two previously approved positions for Community Therapy were deleted in this region. With redistribution, however, one full-time position has been redefined and was recently filled, with headquarters in the Assiniboia district. Service is offered on a prorated basis to the smaller special care homes and hospitals in the region. Since most of these institutions are located outside of Moose Jaw, little service is offered in that city. Service in the Herbert-Morse District is provided from Swift Current and preparations are underway to provide coverage in the Central Butte District.

With the discontinuance of the former School Dental Programmes, we were fortunate to acquire a dental therapist to function as a dental health educator with headquarters in our Moose Jaw office, and serving the schools of the region.

COMMUNICABLE DISEASE CONTROL

A. IMMUNIZATION -

One of the disadvantages of a successful immunization programme is that people forget what it is we are preventing. During the year, we have attempted to reassure parents of the safety and value of standard immunizations as contrasted to the ravages of uncontrolled whooping cough, measles, polio and other diseases in the community. Most parents of today's children are products of the immunization era and fear of occasional reaction to vaccine tends in some instances to outweigh the fear of the disease itself. Nevertheless, acceptance remains high and this is reflected in the small number of notified cases of those diseases which can largely be prevented by vaccine.

The current programme includes standard preschool and school-age immunizations; individualized programmes for travellers; and provision of vaccine to select occupational groups.

B. NOTIFIABLE DISEASES -

Please refer to the attached table showing three-year trends in reporting of selected notifiable diseases.

It has been a relatively good year in terms of reported cases. Measles was notified in only eight cases in which it was suspected but in none of which was there a laboratory confirmation. Salmonella infections numbered 19, and these were all scattered cases with no major outbreaks. Of the sexually transmitted diseases, Chlamydia remains the most frequent at 156 notified cases. Gonorrhea and Herpes showed a rise in numbers. There were no new cases of AIDS reported during the year. Early in 1988, regulations were amended to provide for notification of positive blood tests for human immunodeficient virus, which causes AIDS. This requirement is designed to show a true picture of the prevalence of this infection, recognizing that the virus can be transmitted long before the actual disease AIDS is reported. Our department has moved toward a policy of combining upmost confidentiality of reported information, balanced with appropriate follow through to protect the larger community from further transmission. During the year, a roster of community speakers was set up. These speakers have been trained to give audiovisual presentations to interested groups on the issue of AIDS. Furthermore, concurrent with the development of AIDS information in the school curriculum, the Medical Health Officer has been addressing school division administrators, boards, and teacher groups on the subject.

Reported cases of Influenza during the season just past have been limited to small numbers of Influenza B cases which have been confirmed

in the laboratory. Late in the winter we were alerted to the possible introduction of Influenza A (Shanghai strain), which is more severe than Influenza B. Although cases had occurred in neighboring provinces, none were reported in this region. Vaccine had been distributed to physicians and special care homes early in the season for use with high-risk people. This vaccine has been at least partially protective against the most recent strain.

VITAL STATISTICS

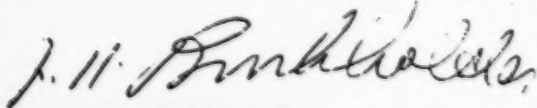
Attached is a table showing selected vital statistics over a three-year period based on Saskatchewan Hospital Services Plan data on covered population. We are experiencing a gradual decline of total population in the region in contrast to a slight rise in the province as a whole. Total births have remained roughly the same along with the live birth rate. Births to unmarried mothers and to young mothers are of interest because of special health needs in this group. In the accompanying table, both of these proportions tend to rise throughout the years, although they are less than the provincial figures.

Although total deaths are considerably down from the previous year, the rate over several years does not change markedly. Deaths in infants under age one numbered 11 as last year and the rate continues slightly higher than the provincial rate.

In the attached table showing death from selected causes, there were no deaths reported from infectious causes, and deaths from cancer and Ischaemic heart disease were slightly less frequent.

SUMMARY

This being my last report to the Regional Health Council, I wish to take this opportunity to express my gratitude for the privilege of having been your Medical Health Officer throughout the last few years. I trust that you will continue to accord to the remaining staff and my successor the interaction that will facilitate delivery of good service to your communities.



Dr. J. N. Burkholder
Medical Health Officer and
Regional Director

JNB/paw

REPORTED CASES OF NOTIFIABLE DISEASES

<u>Disease</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
Hepatitis A	16	15	0
Hepatitis B	3	1	0
Hepatitis B Carrier	1	1	0
Measles	0	41	8
Mumps	1	0	3
Hemophilus Meningitis	0	2	1
Rubella	1	2	4
Salmonellosis	12	26	19
Shigellosis	2	9	1
Campylobacter Infections	0	17	6
Tuberculosis - Respiratory	2	2	2
Tuberculosis - Other	0	0	2
Chlamydia Infection	0	121	156
Gonorrhea	45	44	53
Herpes	0	8	14
Syphilis - Early	0	1	1
Syphilis - Other	1	1	0
AIDS	0	4	0

MOOSE JAW-ASSINIBOIA-GRAVELBOURG HEALTH REGION
SELECTED VITAL STATISTICS

	Region	1985	Region	1986	Region	1987
		Saskatchewan		Saskatchewan		Saskatchewan
S.H.S.P. Covered Population	70,171	1,039,249	69,355	1,041,358	69,103	1,045,440
Live Births (Total)	1,140	18,233	1,051	17,507	1,056	17,007
Live Birth Rate (Births per 1,000 Population)	16.2	17.5	15.2	16.8	15.3	16.3
Births to Unmarried (% of Total)	14.2	21.6	16.0	22.9	16.57	23.60
Births Under Age 20 (% of Total)	9.1	10.2	8.8	10.3	9.19	9.94
Deaths (Total)	670	8,003	659	8,012	602	7,769
Death Rate (Deaths per 1,000 Population)	9.5	7.7	9.5	7.7	8.71	7.43
Infant Deaths (Under Age 1)	15	194	11	154	11	148
Infant Mortality Rate (Infant Deaths per 1,000 Live Births)	13.2	10.64	10.47	8.8	10.42	8.70
Stillbirths	5	67	2	69	2	62
Stillbirth Rate (Stillbirths per 1,000 Live Births)	4.4	3.7	1.9	3.9	1.89	3.65
Natural Increase (Births Less Deaths, as % of Population)	.67	.98	.57	.91	.66	.89

DEATHS OF HEALTH REGION RESIDENTS
(SELECTED CAUSES)

<u>CAUSE</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
All Causes	670	659	602
All Infectious Causes	1	4	0
All Cancer	161	147	140
Ischaemic Heart Disease	154	149	141
Cerebrovascular Disease	42	47	48
Suicide	12	13	2
All Accidents		38	38

CHIROPODY

Annual Report

April 1, 1987 - March 31, 1988

This year has been a very productive year with results that are pleasing and satisfying.

The Chiropody Assistant position was recently filled on a permanent basis. Mrs. Lin Rutledge who has been my Assistant for 3½ years in both a temporary and part-time capacity was selected for the position. Her patience has been rewarded.

Mrs. Ivy Kjarsgaard had her final probationary assessment in April 1987, and remains in her full-time position as clerk/typist II with a quarter time allocation as receptionist/secretary to the Chiropody Clinic. I would like to thank the other clerical staff for their coverage of appointment-taking and telephone enquiries when Ivy is not available.

In November 1987, a patients' chair, operator's chair and cabinet were transferred from the Dental Plan to the Chiropody Program. This equipment was installed in the Assiniboia office and together with the reorganization of space, has resulted in an improved facility for providing Chiropodial care.

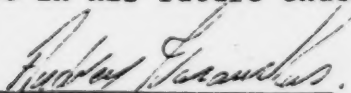
I am pleased to announce that the waiting time for an appointment in the Moose Jaw office has been minimized to approximately a month. In regard to this an extra clinic in Assiniboia was held in December to reduce the waiting list, and two clinical days at this satellite and the Central Butte satellite have been planned for the next two months.

Inservices and presentations to special care homes, interested groups or associations continue to be available upon request. This year, six were requested and presented, including a one day Diabetic seminar held at the Moose Jaw Union Hospital.

In December 1987, both the Chiropody Assistant and myself travelled to Regina and attended and passed the Basic Rescuer Cardiopulmonary Resuscitation (C.P.R.) Course.

In conclusion, it is pleasing to note that after three and one-half years the Chiropody manpower situation has been settled and that the patients waiting time for an appointment is now acceptable.

On a final note, the Chiropody staff and myself would like to thank Dr. Burkholder for his guidance, and wish him all the best in his future endeavours.



Dr. A. Ivanauskas,
M.Ch.S., S.R.C.H., L.S.A.C.,
Chiropodist.
AI/lr

CHIROPODY STATISTICS
APRIL 1, 1987 to MARCH 31, 1988

MOOSE JAW

	<u>Cat. 1</u>	<u>Cat. 2</u>	<u>Cat. 3</u>	<u>Cat. 4</u>	<u>Total</u>
New Referrals	80	59	125	139	403
Total Pt. Visits	709	634	1,056	850	3,249
Discharges	62	60	130	163	415

ASSINIBOIA

	<u>Cat. 1</u>	<u>Cat. 2</u>	<u>Cat. 3</u>	<u>Cat. 4</u>	<u>Total</u>
New Referrals	9	1	20	6	36
Total Pt. Visits	36	17	95	50	198
Discharges	6	2	12	10	30

CENTRAL BUTTE

	<u>Cat. 1</u>	<u>Cat. 2</u>	<u>Cat. 3</u>	<u>Cat. 4</u>	<u>Total</u>
New Referrals	4	8	12	17	41
Total Pt. Visits	32	39	74	60	205
Discharges	6	6	16	16	44

Orthotic Prescriptions: 42
Insoles Manufactured: 91
Nail Surgeries: 44

Category Descriptions:

Category 1 - Medically at Risk Elderly
Category 2 - Medically at Risk General Population
Category 3 - Well Elderly
Category 4 - General Population Not Medically at Risk

DENTAL HEALTH EDUCATION

Annual Report 1987-88

The dental health educator for Moose Jaw Health Region was officially employed November 3, 1987. Orientation included visits to the directors of education and scheduling of presentations with school principals. The school divisions covered in this region by the educator include: Borderland, Assiniboia, Wood River, Gravelbourg, Thunder Creek, Moose Jaw Public, Moose Jaw Separate, and part of Prairie View and Davidson.

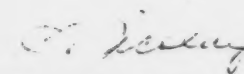
To date, 250 presentations have been completed with over 5000 students receiving dental health instruction in their schools.

Fluoride mouthrinse programs previously established in Rockglen, Bengough, Willow Bunch and Coronach are being monitored and maintained.

Workshops have been conducted for the instructors of nursery and playschools in the region. A preschool teaching kit compiled by the educator is also available for their use.

An introduction of the program was given to the Municipal Health Representatives in November, 1987 and the Public Health Nurses in January, 1988.

In conclusion, the program is running smoothly and response from teachers and students has been favorable. Schools are now being visited with a second presentation entitled Diet and Dental Health. The children recognize the educator and remember the oral hygiene instruction taught to them from the previous presentation.


Sheree Nicolay
Dental Health Educator

SN/ik

REPORT TO BOARD

April 1, 1987 - March 31, 1988

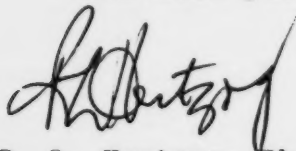
EARLY CHILDHOOD PSYCHOLOGIST

The past year has been one of the busiest years encountered to date. The highlights are given below:

1. The early childhood psychologist began the year with providing services only to Moose Jaw region. By August he was again twinning with Swift Current, providing approximately the same level of service and time spent to each region. The headquarters for the position remains, for the time being, in Moose Jaw. Twinning will continue for the foreseeable future.
2. The early childhood psychologist continued as the central office liaison for the programme until the end of the calendar year. In that capacity, considerable time was spent providing orientation and clinical supervision to the new staff member in Swift Current.
3. The early childhood psychologists, in conjunction with the public health nurses, are currently engaged in a review of the developmental screening program. Data collection was started in January of this year and continues until the end of June. The results will be analyzed over the summer and a report is expected in the fall.
4. There has been a noticeable increase in dual referrals to the SLP and ECP. In the past, parents have been more willing to accept referrals to the SLP who then has referred to the ECP as needed. The increase in direct referrals may reflect a changing attitude toward psychological services.
5. The number of new referrals has remained about the same as in the preceding year. The following characteristics are noted. First, because of the reduced time in the region, waiting time for services is increasing. This is inevitable and will be dealt with in the best way possible. Second, referrals from the SLP are about half compared to last year. This is understandable since for much of the year the region had only the services of one SLP. Third, referrals from the public health nurses were higher in comparison with last year. The majority of these referrals, however, were referrals for various kinds of behavioural problems. Nursing referrals arising from developmental screening were very low, in spite of the large number of screenings that are done each year. Fourth, referrals from outside the agency showed a modest increase as compared with last year. This may reflect a growing awareness among parents that they are able to refer directly. Fifth, most of the direct service provided was in the regional office. Time spent in district offices was down considerably and probably reflects the vacancies in nursing positions in the district offices.

Early Childhood Psychologist

6. Little public education was provided. This reflects both the lack of time to engage in this area as well as the cancellation of the multiprenatal classes that had been the main source of public education in previous years.
7. Considerable time has been spent in consultation with the home teachers of the early childhood intervention program and providing programming for the children.
8. Considerable time has also been spent in providing consultation and programming services to special needs children in day care.
9. The frequency of no shows for appointments appeared to be greater this past year in comparison to previous years. Whether this is unique or represents a trend is not possible to state at this time.
10. The usual court appearances for children taken into care by the Department of Social Services occurred.
11. There seems to have been a slight decline in the average age of referrals received. Part of this decline is attributed to younger protection cases that were seen.
12. The method of reporting statistics changed this past year. Consequently, for this report, it is possible to make comparison with last year only in a limited number of areas.



R. L. Hertzog, Ph.D.
Early Childhood Psychologist

RLH/cw

EARLY CHILDHOOD PSYCHOLOGY STATISTICS

	<u>1987-88</u>	<u>1986-87</u>
I. CASELOAD		
Number of new referrals	50	55
Number of discharges	47	--
Active Caseload as of March 31, 1988	48	--
II. SERVICE INFORMATION		
Total number of direct services provided	300	--
Total number receiving consulting services	265	--
Total number no shows for appointments	14	--
III. CLIENTELE INFORMATION		
<u>New referrals:</u>		
New referrals' average age	2.9	
<u>Referral sources:</u>		
PHN	21 (42%)	26%
SLP	10 (20%)	47%
Other CHSB	1 (2%)	--
Parent/Guardian	10 (20%)	15%
Other	8 (16%)	13%
<u>Presenting problem:</u>		
DDST screening	5	--
Other developmental	30	--
Behavioural	15	--
Multiple	0	--
<u>Direct service:</u>		
Average age of clientele receiving direct service	3.4	3.4
Number of children receiving direct service during year	219	--
<u>Location of direct services:</u>		
Regional Office	181 (83%)	67%
District Office	17 (8%)	21%
Home	1 (1%)	1%
Other	20 (9%)	13%
IV. WORK REPORT		
Casework	50%	43%
Consultation	10%	14%
Public Education	1%	4%
Research	--	--

ECP Statistics

	<u>1987-88</u>	<u>1986-87</u>
IV. WORK REPORT (continued)		
Inservice	5%	--
Professional Updating	4%	--
Travel	7%	9%
Administration	24%	27%

RLH/cw

REPORT TO BOARD

April 1, 1987 - March 31, 1988

NUTRITION SERVICES

Nutrition services are available in the Health Region on a shared basis. The nutritionist, based in Swift Current, divides her time between Health Region No. 1 and Health Region No. 2. To meet the demands of covering a large geographical area, she works closely with the health region staff and community groups.

The major objective of the nutrition program is to provide information to motivate the general public to improve its nutritional status. Vehicles used to meet this objective are, for example, prenatal classes, parenting groups, public forums, weight control groups, counselling sessions, and personal inquiries.

Prenatal Classes

The nutritionist teaches the nutrition class, herself, or provides materials and assistance to the public health nurses instructing the series of classes. When the nutritionist teaches the class, a greater emphasis is placed on nutrition for the entire family. For example, the expectant fathers are instructed regarding food habits that could lower their risk of heart disease.

Pregnant teenagers have increased nutritional needs, in that they must meet requirements for their own growth as well as those for their baby. The nutritionist teaches classes at John Chisholm School which supplies classroom space for pregnant teenage girls and she also provides nutrition counselling.

Parenting Groups and Counselling Sessions

Monthly nutrition education sessions are included in the Teen Parent Program sponsored by the Minto Family Life Education Centre. The nutritionist also presented a program for the "Moms and Tots" group at St. Mark's Church.

From their preschool screening, public health nurses refer children with nutritional problems. The nutritionist helps parents whose children have, for example, allergies or weight problems.

Public Forum

The nutritionist was a speaker at a public forum sponsored by the Childbirth Education Association. She discussed preconception, maternal, and infant nutrition.

Weight Control Groups

Although, weight control is advocated as a good health habit, many people try to lose weight by unhealthy means. The nutritionist meets with weight control groups to help the members choose sensible diets and to set realistic goals.

Report to Board
Nutrition Services

Residents of the health region receive direct nutrition services through group sessions, individual counselling, and personal inquiries. Indirect service is provided through inservices to public health nurses, hospital nursing staff, teachers and through the media.

Inservice Program

Public health nurses are given regular nutrition updates at their staff conferences. Nurses at the hospital in Lafleche requested and received an education session on maternal and infant nutrition. Home care nurses and hospital nurses attended a continuing education program on diet and cancer held in Kincaid.

The nutritionist used materials supplied by the Saskatchewan Dairy Foundation to present a workshop for teachers in the Assiniboia area.

Media

Weekly nutrition columns are submitted to the Assiniboia Times, the Herbert Herald, the Big Muddy Round Up, the Triangle News, and the Moose Jaw Shopper.

Jan Ayer
Jan Ayer
Nutritionist

JA/cw

Nutrition Services Statistics

April 1, 1987 - March 31, 1988

A. Group Presentation

	<u>Number of Sessions</u>	<u>Total Attendance</u>
(1) Prenatal Classes	7	87
(2) Parenting Classes	7	67
(3) Public Forum	1	19
(4) Public Health Nurses Inservice	5	88
(5) Hospital Nurses	2	27
(6) Teachers	1	9
(7) Other		
(a) Occupational English Students - CRCC	1	12
(b) STI - Institutional Cooking Students	1	37
	—	—
TOTAL	25	346
	—	—
<u>B. Nutrition Counselling</u>	43	43
	—	—
<u>C. Personal Inquiries</u>	63	63
	—	—

D. Media

Newspaper Columns - Weekly for five papers = 260

PUBLIC HEALTH INSPECTION ANNUAL REPORT
APRIL 1, 1987, to MARCH 31, 1988

The year 1987 - 1988 has again been a year of change in the Moose Jaw-Assiniboia-Gravelbourg Health Region.

Staff changes have been quite extensive. Mr. Laurie Wright, Senior Public Health Inspector, retired in April, 1987, Mrs. L. Rea-Winichuk resigned in June to take a position with the City of Saskatoon, and Mr. Dwayne Stroh left the Assiniboia District Office in December, 1987 to work in British Columbia. To offset these departures, we added Ms. Patricia Tymiak who started work in the Assiniboia District Office in November, 1987 - she received a permanent appointment in March, 1988. Ms. Tymiak is a graduate of BCIT and qualified as a Public Health Inspector in September, 1987. In February, 1988, I accepted the Senior Public Health Inspector position for the Moose Jaw area. I am based in Swift Current but available to either office to assist the region.

In addition, Mr. W. Stroh has been working as a Public Health Inspector in the region on a casual basis since January 1, 1988. Mr. Stroh is shared with Swift Current Region on a 2/3 - 1/3 basis (Moose Jaw, Swift Current respectively). Mr. Stroh is a retired Senior Public Health Inspector and we appreciate his work and wealth of experience.

Despite the addition, we are still short two Public Health Inspectors. I am not very optimistic about filling the vacancies.

Mr. Hugh Coupland continues to hold down the Moose Jaw position and is the figurative rock that the other inspectors look to for help and advice. I would like to thank Hugh for his help and good work under these trying circumstances during the last year - well done, Hugh.

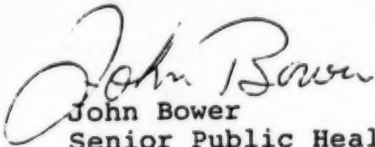
Rabies continues to be of concern to our staff. You are well aware of the mode of transmission of the disease (virus on the saliva entering the body) and the potential for harm if not treated properly. I appreciate the efforts the Regional Board of Health has made to educate the public on an individual basis on the subject and would urge you to continue to keep it in mind.

We have been involved in a few contentious issues in the past year:

1. Sewage disposal and other problems at Ferland.
2. Serious nuisance problems in Rouleau.
3. A substandard pool in Lisieux.

We are continuing to try to provide a semblance of a routine service to the Moose Jaw Region, though, at times this is quite difficult.

I will close with a thank you to you for the Board's support and encouragement to the inspectors during the past year. I have received good reports of the Board's interest and activities in inspectional issues and I look forward to working with you in the future.

A handwritten signature in cursive script, reading "John Bower".

John Bower
Senior Public Health Inspector

JB/paw

Public Health Nursing Report
April 1, 1987 - March 31, 1988

On June 1, 1987 when the Regional Nursing Supervisor departed first on illness and then retirement, I was hopeful that I would not be the only one providing the service for both positions for too long. However, ten months later it would seem I have adjusted to the now 'status quo.'

Nursing staff have demonstrated efficiency in time management and service delivery.

1. Staffing Patterns

Morse and Central Butte are one nurse offices and are fully staffed. Gravelbourg has had both positions filled as of March 23, 1988. In October of 1987, the Assiniboia office was down-sized from a three nurse office to a two nurse and both positions are filled. Also in October, the Moose Jaw office was down-sized from a nine nurse to an eight nurse office and all positions are filled.

2. Facilities

We are investigating the possibility of making improvements to the District Office of Gravelbourg. The Property Management Corporation is assisting us in the process.

3. Services

- a. Prenatal Education Program - We are providing a series of prenatal education classes, each semester, to the pregnant adolescent at John Chisholm School. The Public Health Nurse provides eight half-day sessions for each series. In addition, individual counselling is provided where required.
- b. Child Health Conferences - In September of 1987 we increased the number of appointments available for preschool service. The waiting time for service has thus been reduced.
- c. School Services - Service delivery in the school concentrated on the a) Kindergarten population that were not seen at age 4 in the Child Health Conferences and b) the 14-year group for immunization. The provincial School Health Program is under review.
- d. SAIL Program - In September of 1987 the Health Regions assumed responsibility for the Respiratory inventory and its distribution. Administrative procedures were established to implement the changes. The SAIL Depots for temporary environmental aids in the Assiniboia and Moose Jaw offices were eliminated. The Saskatchewan Abilities Council assumed the responsibility for mobility and environmental aids. The depot for the Moose Jaw Health Region is located in Swift Current. The changes to the SAIL Program have had a major impact on the clerical staff with respect to housing, shipping, and receiving the respiratory inventory.

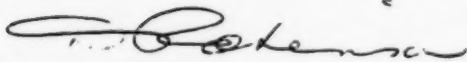
- e) Communicable Disease Control - The Public Health Nurses have had a 25 % increase in follow-up on Sexually Transmitted Diseases. We have worked with the Moose Jaw Public School and Separate School Systems to develop a better understanding of the expectations of the school and parents regarding follow-up in Pediculosis infestations.

The role of the Public Health Nurse in Tuberculosis control is yet to be defined. Lack of a revised protocol required increased administrative time.

- f) Student Nursing Experience - We are providing one day observational experience for nursing students from WIAAS in Regina. In June of 1987, we provided a month of Public Health Nursing experience for eight nursing students from the University of Saskatoon.

Summary

With the addition of the new position, Director of Support Services, I am hopeful of standardization in areas of budget, facilities, and equipment needs.



Donna Robinson
Acting Regional Nursing
Supervisor

DR/da

Nursing Statistical Report

Moose Jaw-Assiniboia-Gravelbourg Health Region No. 2

<u>PUBLIC HEALTH NURSING</u>	<u>1985-86</u>	<u>1986-87</u>	<u>1987-88</u>
Number of Nursing Days	2,754	3,026	2,793
Total Home Visits	1,277	1,565	1,698
Number of Child Health Centers	28	28	27
<u>PRENATAL SERVICES</u>			
Group Education - Classes Held	186	200	102
-Total Mothers Attending	353	340	113
-Total Fathers Attending	306	330	100
<u>POSTNATAL SERVICES</u>			
Home Visits or other Contacts	574	530	636
<u>SERVICES TO INFANTS AND PRESCHOOL CHILDREN</u>			
Child Health Conference Attendance	7,122	6,509	5,216
Home Visits or Other Contacts	690	664	1,485
<u>SCHOOL HEALTH SERVICES</u>			
Teacher-Nurse Conferences Re: Program	433	411	317
Students Inspected	4,240	1,828	1,816
Immunization Given	1,996	3,690	1,228
Students Discussed with Parents	833	940	916
<u>ADULTS</u>			
Home Visits to Adults over 65 years	419	273	201
Home Visits to Other Adults	345	402	387
Immunization	377	271	67
<u>OTHER SERVICES</u>			
Communicable Disease-Home Visits or other Contacts	752	401	472
Home Visits to Mentally Ill, Mentally or Physically Handicapped	10	15	11
SAIL Program Home Visits	645	652	1456

REPORT TO BOARD

April 1, 1987 - March 31, 1988

SPEECH-LANGUAGE PATHOLOGY

The purpose of the Speech-Language Pathology Program in Community Health is "to provide leadership in the early identification, early intervention, and prevention of communication disorders." During the past year, increased demand and decreased staff have made meeting these goals increasingly difficult.

Staffing was at half the previous level during most of the year. One of the two speech language pathology positions was deleted in March, 1987. This staff reduction resulted in the following changes to service delivery:

1. Suspension of some clinics
 - clinics were discontinued at Gravelbourg, Central Butte, and Morse.
 - clients were seen only in Moose Jaw and Assiniboia.
2. Increase in waiting period
 - many children waited for five to six months for an initial evaluation.
 - as of February, 1988, over 63% of all those on caseload were waiting for either assessment, therapy, or review.
3. Change in type of service provided
 - children were enrolled in therapy for a limited time period (usually two to three months)
 - more families were provided with home programs rather than direct therapy.
 - more emphasis was placed on using "third parties" such as day care workers, Early Childhood Intervention teachers, and parent aides to assist in programming.
 - monthly newsletters were mailed to families whose children were not receiving direct therapy to provide suggestions for encouraging communication skills at home.

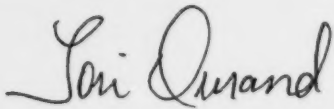
As of March 1, 1988, several changes occurred which I hope will improve the level of speech services in the region:

1. Boundaries were changed to equalize the population base each speech-language pathologist serves. This resulted in Bonnie Robertson returning to Moose Jaw from Regina Rural Health Region two or three days per week.
2. Some R.M.s from the eastern edge of the health region will now be covered through Regina Rural and Weyburn-Estevan Health Regions.

Report to Board

3. Because Bonnie Robertson will be assuming part of the Moose Jaw caseload, I will be able to reinstate assessment and therapy clinics in Gravelbourg. I am planning to begin twice monthly clinics there in April, 1988.

In conclusion, the year finished on a slightly more optimistic note than it began. The challenge of the coming year will be to find creative and effective ways to help children with communication delays while living with the reality of limited staff, time and resources.



Lori Durand, M.S., S-LP (C)
Speech Language Pathologist

LD/cw

SPEECH-LANGUAGE PATHOLOGY

SELECTED STATISTICS

April 1, 1987 to March 31, 1988

	<u>1986-87</u>	<u>1987-88</u>
A. Distribution of Time		
Casework	73.8%	72.1%
Public Education	2.2%	1.3%
Professional Development	4.3%	6.9%
Administration	11.2%	12.2%
Travel	8.1%	7.5%
B. Source of Referrals		
Public Health Nurse	146(65.5%)	111(66%)
Early Childhood Psychologist	10(4.5%)	9(5.4%)
Medical Doctor	11(4.9%)	3(1.8%)
Saskatchewan Hearing Aid Plan	1(0.4%)	3(1.8%)
Parents	31(13.9%)	31(18.5%)
Other	24(10.8%)	11(6.6%)
TOTAL NUMBER OF REFERRALS	<u>223</u>	<u>168</u>
C. Status of Caseload as of March 31, 1988		
Waiting for Assessment	56(35.9%)	50(34.5%)
Waiting for Therapy	4(2.6%)	18(12.4%)
In Treatment	96(61.5%)	77(53.1%)
Overdue for Review	37	14
TOTAL CASELOAD AS OF MARCH 31	<u>156</u>	<u>145</u>